

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

100 58064

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		2			
4	2		2			
5	2		2			
6	2		2			
7	1		1			
8	1		1			
9	1		1			
10	2		2			
11	1		1			
12	2		2			
13	2		2			
14	2		2			
15	2		2			
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49						
50						
TOTAL IND.	37	4	4	4		
TOTAL DEP.	437	32	32	32		
TOTAL CLAIMS	36	36	36	36		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS